
EDITORIAL

Setting the National Agenda for Injury Control in the 1990s

The concern and interest of the American public, policy makers, and public health professionals have increasingly focused on the problems of injury, including the high number of deaths and disabilities and the enormous costs, both human and financial, to our country. As part of this increased focus, the Committee on Trauma Research and the Institute of Medicine, in the "Injury in America" report (1), and, subsequently, the Secretary's Advisory Committee for Injury Prevention and Control, called for a national plan to control injuries. As the first step in developing such a plan, the National Center for Environmental Health and Injury Control (NCEHIC) and the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control (CDC) have spent more than a year developing the position papers that were published by CDC in the spring of 1992 (2). This plan will help shape the future of injury control research, programs, and policies for this decade.

The objectives of the seven position papers are to (a) define the field of injury control, (b) assess the current status of injury control research and programs, (c) help CDC, other Federal agencies, and nongovernmental organizations clearly define directions and priorities in a coordinated way, (d) identify what interventions should be evaluated and disseminated, (e) plan for the development of injury control program capacity in State and local health departments and other agencies, and (f) identify organizations and opportunities for carrying out various research and programmatic recommendations.

In their leadership role, NCEHIC and NIOSH sought input from experts from many sectors—Federal, State, and local government; academic institutions; industry and labor; and a wide range of national organizations. At the beginning of this process, we asked some 150 experts to assist us. It was particularly encouraging that representatives of many agencies from seven Federal departments participated. These agencies are as follows:

Department of Defense—Department of the Air Force;

Department of Education—National Institute on Disability and Rehabilitation Research;

Department of Health and Human Services—Maternal and Child Health Bureau; Alcohol, Drug Abuse, and Mental Health Administration, including the National Institute of Mental Health and the National Institute on Alcohol Abuse and Alcoholism; and the National Institutes of Health, including the National Institute on Aging and the National Institute of Child Health and Human Development;

Department of Justice—National Institute of Justice;

Department of Labor—Bureau of Labor Statistics and the Occupational Safety and Health Administration;

Department of Transportation—Federal Highway Administration and the National Highway Traffic Safety Administration;

Department of Veterans Affairs—Veterans Affairs Medical Center; and

Consumer Product Safety Commission.

Additional participants represented motor vehicle safety advocacy, trauma surgery, neurosurgery, orthopedic surgery, pediatrics, emergency and rehabilitation medicine, trauma nursing, public health, biomechanics, emergency medical services (EMS) and trauma system management, survivors of injury, and national safety programs.

We asked these experts to address the objectives in their respective fields of interest by answering three key questions:

Where are we?

Where do we want to be at the end of the decade?

How do we get there?

As a result, seven draft papers were developed for those who attended the Third National Injury Control Conference, held in April 1991, and others interested in the field of injury. These preconference position papers were devoted to motor vehicle injury prevention, violence prevention, unintentional injury prevention (later retitled home and leisure injury prevention), occupational injury prevention, trauma care systems, acute care treatment, and rehabilitation of persons with injuries. Numerous reviewers submitted written comments, and at

the conference the conferees debated and discussed the papers extensively. Indeed, the conference theme, "Setting the National Agenda for Injury Control in the 1990s," was chosen to encourage conferees to devote almost the entire conference to discussing the development of a national plan.

The seven panels of experts who produced the draft papers revised them in light of the written comments from almost 200 reviewers and the discussions at the conference. These revisions are the complete position papers published elsewhere (2). Although the recommendations in these papers express the opinions of the authors, not CDC, we believe that these recommendations represent an important, substantial step forward in identifying national priorities for injury control. The CDC will use the position papers, along with the input from reviewers, conference attendees, and other Federal agencies in developing a national plan for injury control.

Each paper contains topic-specific recommendations. In addition, each paper has independently addressed broader crosscutting issues relating to the overall field of injury control. The consistency of these recommendations from paper to paper emphasizes their importance to all injury control professionals, regardless of their area of expertise, and warrants their restatement here. They include the following recommendations:

- Increase public awareness of injuries and injury control
- Increase attention and support from the Office of the Assistant Secretary for Health to coordinate multiagency and multidepartment efforts
- Increase resources for injury surveillance, research, control programs (State capacity), intervention evaluation, training, and health services
- Allow cooperative industry-government research and development projects
- Require E-codes for all hospital discharges as part of a national surveillance system
- Establish a Center for Injury Control at CDC to provide national leadership
- With CDC playing a key role, develop a national

applied injury control research laboratory to study both human and engineering factors.

Injury control's unique challenge to cut across many organizational and disciplinary boundaries has required a similarly unique approach to leadership, with widespread coordination and clear communication. This approach, in turn, will require an enormous effort and substantial resources to overcome boundaries and implement a coordinated plan for injury control in the United States. We believe that in these times of economic restraint our best chance of attracting the public attention and institutional support needed to make injury control a practical reality rests upon our ability to join together and produce a clear and compelling national plan.

Finally, we acknowledge the dedication and tremendous effort of the chairpersons, panelists, reviewers, conference attendees, and CDC staff who made these papers possible. We are extremely grateful for their hard work and commitment.

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References

1. Committee on Trauma Research, Commission on Life Sciences, National Research Council, and the Institute of Medicine: *Injury in America: a continuing health problem.* National Academy Press, Washington, DC, 1985.
2. Centers for Disease Control: *Position papers from the Third National Injury Control Conference: setting the national agenda for injury control in the 1990s.* Atlanta, GA, 1992.